

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident	1806
Time Of Accident	25/12/18
Exact Location Of Accident	Along Balestier Rd
Country/State of Loss	Singapore/ Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW 1053 C
Insured/Policyholder	
Name Of Registered Owner	Chew Siew Bee Serena
NRIC No	S1645975E
Email Address	No email
Mobile Phone No	93898810
Alternative Phone No	

Vehicle Particulars

Manufacturer	MEREDES-BENZ
Model	C-180
Exact Purpose for which vehicle was being used at time of accident	Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - Please specify _____
Are you claiming under your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other <input type="checkbox"/> AXA
If No, Please state action to be taken	Third Party Claim <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/>
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIQ
Type Of Coverage	Comprehensive Others _____
Fleet Policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Policy Number	1800006935-01
Cover Note Number	

Driver

Name of Driver	CHUA TIAN EN, JOEL
NRIC No	S9309609F
Date Of Birth	17 MAR 1993
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date Of Driving Pass	28 Nov 2011
Driving Experience	7 Years
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Number	91250585
Fax Number	
Contact Number	
Email Address	
Address	Blk 538 Pasir Ris Street 51 # 02-36
Postcode	510538

Was driver an employee of the Insured's Company

Yes No

If No, Relationship of the Driver with the Insured

Owner Paid Driver Relative Friend Parent
Spouse Children Sibling Other: Son

Vehicle Registration Number of Driver's Own Vehicle

No

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Rear Position

Weather Conditions

Clear Raining Others

Road Surface

Dry Wet Others

Details of Injured Persons

Was anybody injured in the Accident?

No Yes

Name

Address

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

No Yes

Was injured conveyed to hospital by ambulance?

No Yes

Other Information

Was any foreign vehicle involved in this accident?

No Yes

Number of vehicles involved in the accident

2

Was any other material or property damaged?

No Yes

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

No Yes

Number of Passengers (Including Driver)

2

Passenger 1

Jacqueline Low

Male Female

Passenger 2

Male Female

Passenger 3

Male Female

Passenger 4

Male Female

Passenger 5

Male Female

Details of Police Action

Was the accident reported to the police?

No Yes

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No Yes

NO If Yes, against whom?

SKETCH PLAN

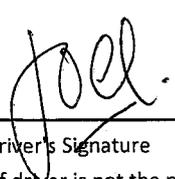
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

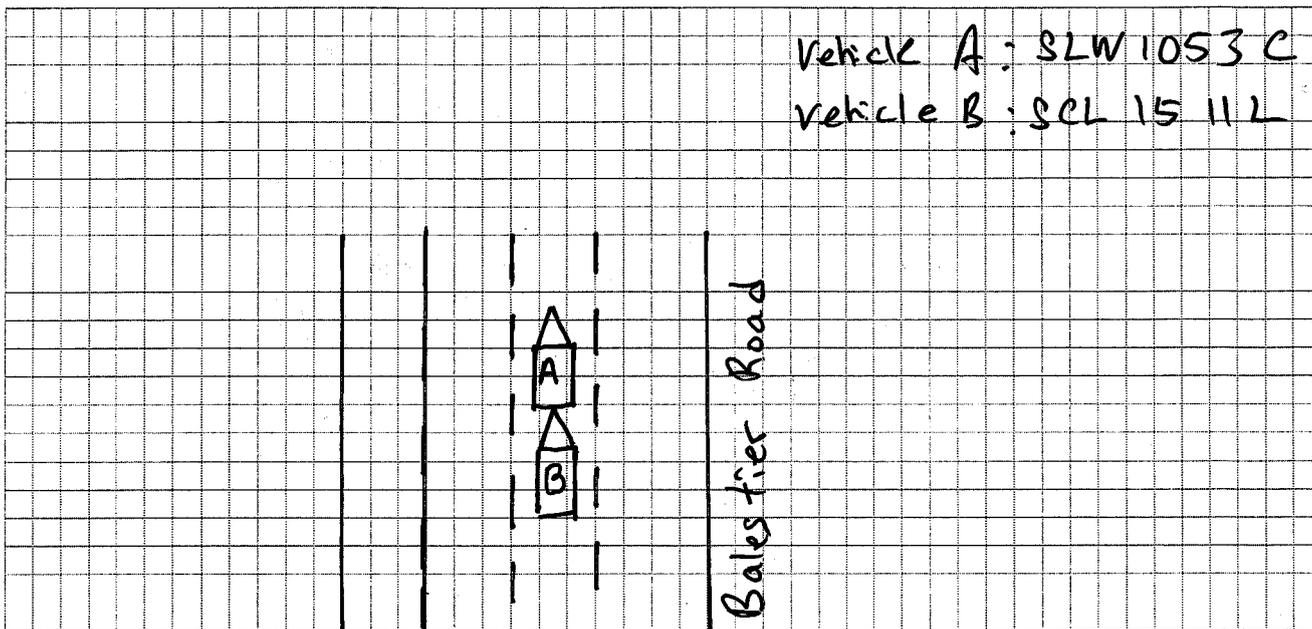


Driver's Signature
(If driver is not the policyholder)
Date & Time



Reporting Centre Personnel's
Name: **Go Chee Han**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary my car "A", vehicle "B" not stop on time and hit my rear bumper, no one was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

Joell

Driver's Signature
(If driver is not the policyholder)
Date & Time

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Reporting Centre Personnel's
Name: *Bo Chee Han*
NRIC/FIN No.:

Circumstances of Accident

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Attachment(s)

Are accident photos available for attachment? No Yes

Was there any video captured by Car Camera? No Yes

Was there any audio recorded? No Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL 1511 L
Vehicle Make/Model/Colour	Subaru blue
Details Of Properties	
Vehicle Category	
Name of Driver	INDRA HARTANTO
NRIC/Passport Number	S 85 79547 C
Contact Number	
Address	
Postcode	
Insurance Company Name	ANA
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Was there any witness? No Yes

Name

Phone Number

Email Address